U.S. Department of Transportation
Federal Highway Administration

COMPLIANCE REVIEW

U.S. DOT NO.	STATE NO.	DATE	PAGE	OF

50. REASON FOR REVIEW: (may circle more than 1)

A. Initial Rating _____

B. Complaint: No.

C. SCE Rating

D. Enforcement Follow-Up

E Carrier Request

F. Other _____

51. PLANNED COURSE OF ACTION: (may circle more than 1)

A. Compliance Monitoring

B. Prosecution: No. _____

C. Out-of-Service Order

D. Administrative Handling

52. 49 CFR

PARTS REVIEWED CERTIFICATION (CR or NA)

	A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.	O.	P.	Q.	R.	S.
	325	382	383	387	390	391	392	393	395	396	397	398	399	171	172	173	177	178	180

53. RECORDABLE ACCIDENT INFORMATION (Prior 365 Days)

A. Total Recordable Accidents _____

B. Preventable-Recordable Accidents _____

C. Preventable-Recordable Accidents per Million Miles _____

54. PRIOR SAFETY/COMPLIANCE REVIEWS

A. _____

B. _____

C. _____

55. SPECIAL STUDIES CODE

1. _____

2. _____

3. _____

4. _____

FOLLOWUP:

a. State   b. Federal

PLACARDABLE QTY/HM

c. Yes   d. No

56. PROSECUTIONS

A. _____

B. _____

C. _____

57. OUT-OF-SERVICE INFORMATION

OOS Vehicles (CR) _____

No. of Vehicles Inspected (CR) _____

OOS Vehicles (MCMIS) _____

No. of Vehicles Inspected (MCMIS) _____

OOS Vehicle Rate (Combined) _____

58. ANTICIPATED SAFETY RATING

		Violations	
		# of Acute	# of Critical
Factor 1:	_____	_____	_____
Factor 2:	_____	_____	_____
Factor 3:	_____	_____	_____
Factor 4:	_____	_____	_____
Factor 5:	_____	_____	_____
Factor 6:	_____	_____	_____

Satisfactory   Conditional   Unsatisfactory

59. REMARKS:

_____

_____

_____

_____

_____

_____

_____

_____

PRINCIPAL REVIEWER SIGNATURE	CODE NO.	UPLOAD AUTHORIZED: YES NO
		Authorized by: _____ Date: __/__/__
ASSISTANT REVIEWER SIGNATURE	CODE NO.	UPLOAD AUTHORIZED: YES NO
		Authorized by: _____ Date: __/__/__